II

111TH CONGRESS
2D SESSION

S. 3796

To establish community health improvement councils and State health improvement technical assistance center grants.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 16, 2010

Mr. BAYH introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To establish community health improvement councils and State health improvement technical assistance center grants.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Community Health Improvement Councils Act of 2010''.

SEC. 2. COMMUNITY HEALTH IMPROVEMENT COUNCILS AND STATE HEALTH IMPROVEMENT TECHNICAL ASSISTANCE CENTER GRANTS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399V–5. COMMUNITY HEALTH IMPROVEMENT COUNCILS AND STATE HEALTH IMPROVEMENT TECHNICAL ASSISTANCE CENTER GRANTS.

''(a) IN GENERAL.—The Secretary shall establish a program for the creation of State Health Improvement Technical Assistance Centers and Community Health Improvement Councils.

''(b) STATE HEALTH IMPROVEMENT TECHNICAL ASSISTANCE CENTER GRANT PROGRAM.—

''(1) IN GENERAL.—The Secretary shall award grants, on a competitive basis, to 5 eligible entities for the purpose of establishing State Health Improvement Technical Assistance Centers designed to—

''(A) improve individual and community health status, especially in communities and regions with poor health status performance;

''(B) slow annual growth in health care utilization and medical spending;

''(C) coordinate best practices among networks of local coalitions that result in accelerated locally driven issue identification and creative ways to align improvement efforts with payment reforms;

''(D) partner with the Agency for Healthcare Research and Quality to design and produce the annual report of such agency on health care quality;

''(E) serve as a resource to communities to provide assistance in identifying reliable national resources and research tools to promote health, improve health literacy, and accelerate the diffusion of innovations to improve health outcomes;

''(F) partner with organizations to design and implement locally driven payment innovations to improve quality and productivity; and

''(G) educate State policymakers on the benefits of locally driven community health improvement councils that engage community stakeholders, including small businesses, local governments, faith leaders, civic leaders, and consumer advocacy representatives.

''(2) ELIGIBILITY.—

"(A) IN GENERAL.—To be eligible to receive a grant under this subsection, an entity shall be—

"(i) a private nonprofit entity with a governing board comprised of ¼ consumer, faith, minority, nonprofit and charitable organization, philanthropic, and civic leaders; ¼ purchasers of care, including employers, unions, and insurers; ¼ local government officials, including mayors, county commissioners, State legislators, and public health officials; and ¼ private health care leaders and experts; or

"(ii) a consortium of 2 or more of the nonprofit entities described in clause (i).

"(B) PREFERENCES.—In awarding grants under this section, the Secretary shall give preference to entities that—

"(i) demonstrate the capacity to attract private sector or local government funding to ensure fiscal sustainability;

"(ii) address significant health disparities, including those identified by the Secretary through other Federal programs;

''(iii) demonstrate coordination or collaboration across governmental and non-governmental sectors;

''(iv) are committed to promoting full transparency of all deliberations of the Technical Assistance Centers and Community Health Improvement Councils; and

''(v) are independent from government and the financial self-interest of healthcare and purchasers stakeholders.

''(3) ACTIVITIES.—Each Technical Assistance Center established through a grant awarded under this subsection shall—

''(A) establish up to 4 Community Health Improvement Councils, as described in subsection (c);

''(B) provide technical assistance to such councils, including community organizing, public relations, communications, and public education services, computer networking, grants development, system performance monitoring, opinion surveys, data management, community meeting facilitation, and strategic planning;

''(C) partner with Federal, State, and local health agencies, such as area health education

centers, the Agency for Healthcare Research and Quality, public health departments, and insurance exchanges; and

''(D) deliver an annual performance report to the Secretary and the nonprofit entity receiving the grant, containing data regarding improvements in local and State health status, clinical outcomes, reductions in medical spending growth, and health care disparities.

''(4) FUNDING.—

''(A) IN GENERAL.—Each Technical Assistance Center established under a grant awarded under this subsection shall receive an award in an amount determined by the Secretary, but not to exceed $1,500,000 per year for 3 years.

''(B) USE OF FUNDS.—Each such Technical Assistance Center shall allocate 80 percent of the total amount awarded each year to the Community Health Improvement Councils established by such recipient under paragraph (3)(B).

''(c) COMMUNITY HEALTH IMPROVEMENT COUNCILS.—In this section, 'Community Health Improvement Council' means a locally driven, private nonprofit entity

that serves as the neutral convener for engaging providers and insurers, that fully engages patients and citizens in coordinating and improving the health care delivery system through community-wide education programs to promote healthier lifestyles, improve local or regional health status, clinical outcomes, and reductions in the growth in medical spending and health disparities through any of the following approaches:

''(1) Promotion of wellness, prevention and expanded public health and consumer education efforts.

''(2) Enhancement of the care delivery experience through local health system infrastructure and care redesign changes such as the primary care medical home, accelerated information exchange implementation, community-wide chronic disease management programs, and all-payer evidence-based clinical protocols.

''(3) Alignment of provider and consumer financial incentives through accelerated payer experiments with non-fee-for-service payment arrangements and innovative consumer incentives built into the benefits design of health plans.

''(4) Restructuring of local health care governance, such as—

''(A) formation of accountable care teams across medical practices and institutions;

''(B) integration of primary care and public health; and

''(C) integration of doctors and hospitals.

''(5) Track, document, and make publicly available, in a transparent manner, system performance and improvement.

''(d) REPORT.—The Secretary shall submit to Congress an annual report on the grant program under this section, including both local and State progress toward improvement of health status, clinical outcomes, and reductions in the growth of medical spending.''.

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